ANILON

STATE OF NEW HAMPSHIRE

	2019 Statement of Inc	RECEIVED		
	(RSA Cha		APR 2 4 2019	
PLEASE PRINT			NEW HAMPSHIRE	
I. Name of Lobbyist(s)	Grimbilas, Ad	am Schmidt	DEPARTMENT OF STATE	
II. Name of lobbyist's partnership, firm	or corporation, if any:			
J. Granbilus Strat	egic Solutions 1	Lla.		
2000x 2-33	NovThwood (Town/City)	NH	0 3 8 8 4 · (Zin Code)	
Business Address: (Street)	(Town/City)	` ,	()	
(403 <u>496-2638</u> (Telephone))(Fax)	_e-mail_odi@	Djgstrategiës.a	om.
III. This statement covers: (Choose one reportable expense transactions which a			le a separate report for	
All reportable transactions occurring in	n the months prior to the repor	ting date relative to the fo	llowing client:	
Socura	field Power. A as it appears on the Lobbyist Rep			
(Full Name of Clien	as it appears on the Lobbyist Re	gistration Form)		
<u>UR</u>			P 4 (1 1 - 12 1 4)	
All reportable transactions by the lobby unrelated to any particular client.	ist (including the lobbyist's fa	mily), or the lobbying firt	n listed below which are	
IV. Date of Report April 24, 2019 Seports cover: activity from date of regist		July 31, 2019 From 4/1/19 to 6/30/19		
October 30, 2019 activity from 7/1/19 to		January 29, 2020 🗌 y from 10/1/19 to 12/31/19		
V. There have been no fees received f this box is checked, complete just this for Concord, NH 03301.				
/I. Check if additional reports are attac	:hed:			
✓ If you have received fees or made expenses.	·			
If you have paid an honorarium or reir	nbursed expenses, you must fil	le Addendum B- Report	of Honorariums or	

Expense Reimbursement

☐ If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

(Signature of lobbyist)

(Print Name of lobbyist)

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Jooi Grinbilis, Adam	n Schmidt
II. Name of lobbyist's partnership, firm or corporation, if any:	
J. Grimbilas Strategic Solutions (Name of parmership, firm or corporation)	LLC.
III. Name of Client Sparted Power.	
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	it relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ <u>2375</u>
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$
c) Total of all fees received to date (Add lines a and b)	0)\$ 2375
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report at Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business st than \$10 that is given to the personed with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a ter than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a)\$_2375
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$O
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>2375</u>
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	ns 2375
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist)	(Date)
Tooi Grimbilus (Print Name of lobbyist)	
(1 till 1 talle of 1000 y ist)	

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State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

	lank if Statement is fo	r the partnership, firm, or	clas Strategic Solutions Classification and not related to any
Date of Report (check o	ne):		
April 24, 2019 🔽	July 31, 2019 🗆	October 30, 2019 🗆	January 29, 2020 □
	ns submitted with tha		d Expenses described above, and mber of Addendum forms being
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm complete to the best of many (Signature of lobbyist)			t and each Addendum is true and UDS/UM (Date)
_ AdmaScl	mt		
(Print Name of lobbyist)			